For UT CARE Medicare Part D Participants
Effective January 1, 2024 - December 31, 2024

**Your Copayment**
UT CARE Medicare Part D has a three-level copayment structure on prescription medications. Under this structure, members pay the lowest copayment for generic medications, a mid-level copayment for brand-name medications on the preferred list, and a higher copayment for brand-name medications that are not on the preferred list.

**Annual Deductible**
$200 per individual per plan year

**Out-of-Pocket Maximum (OOP)**
$9,100/individual, $18,200/family combined with medical

<table>
<thead>
<tr>
<th>Medication Type</th>
<th>Retail Pharmacy Copayment (up to 30- or 90-day supply)</th>
<th>Mail Service Copayment (up to 90-day supply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic Medication</td>
<td>$10 / $20</td>
<td>$20</td>
</tr>
<tr>
<td>Preferred Brand-Name Medication</td>
<td>$35 / $87.50</td>
<td>$87.50</td>
</tr>
<tr>
<td>Non-Preferred Brand-Name Medication</td>
<td>$60 / $150</td>
<td>$150</td>
</tr>
</tbody>
</table>

**Deductible**
Each plan year (January – December), each covered individual will must pay the first $200 in medication costs. After the $200 annual deductible* is reached, members will be responsible for the copayments listed above. Members who are “aging-in” to the Medicare Part D plan will be given credit for any deductible amounts that were met under the standard UT CARE plan.

**Out-of-Pocket Maximum (OOP)**
Your annual OOP max is shared with your medical plan for a total of $9,100/individual, $18,200/family. The annual OOP max is based on the combined accumulation of medical and prescription medication deductibles, copayments and coinsurance.

**Excluded**
Participants are responsible for the full cost of medications used in the treatment of excluded services under the UT CARE plan. The non-preferred copayment will not apply.

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*Insulin is not subject to the deductible. There is a $35 max cost share for a month supply.

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